

Report of Death of Family Member		Report Type Death of Spouse <input type="checkbox"/> Death of Child <input type="checkbox"/>		Branch of Service Address	
1. Dependent's Name (Last, First, MI)				2. Social Security Number	
3. Date of Death		4. Gender Male <input type="checkbox"/> Female <input type="checkbox"/>		5. Date of Birth	
6. <div style="margin-left: 150px;"> <input type="checkbox"/> CIVILIAN DEATH CERTIFICATE ATTACHED <input type="checkbox"/> SEE FORM SGLV-8285A ATTACHED (if required) <input type="checkbox"/> SEE FORM SGLV-8286A ATTACHED (if required) </div>					
Servicemember must be insured under SGLI for Family Coverage to be in effect.					
7. Family Member Was Eligible for SGLI as provided by Public Law 107-14. Dependent Child is automatically insured, by law, for \$10,000. Dependent Spouse is covered for \$_____. Spousal Premiums of \$_____ are owed for period _____.					
8. Servicemember's Duty Status (check one) <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Active Duty <input type="checkbox"/> Ready Reservist </div>					
9. Servicemember's Name (Last, First, MI)			10. Social Security Number		
11. Current Duty Location			12. Mailing Address		
13. Servicemember's Telephone Number <div style="display: flex; justify-content: space-between;"> Daytime: () Evening: () </div>					
Reporting Information					
14. Certifying Command Signature			15. Command Agency Point of Contact (please print)		
			16. Telephone Number		

DIRECTIONS TO MILITARY PERSONNEL OF THE UNIFORMED SERVICES FOR REPORTING DEATH OF AN INSURED DEPENDENT

1. All appropriate items on this form must be completed. All entries except the certifying signature must be typed or printed in ink.
2. The amount of the Dependent Spouse's SGLI Family Coverage should be verified to make sure the amount does not exceed that of the servicemember.
3. An authorized agent of the Uniformed Service must sign Item 14, to authenticate the information provided.
4. After form is completed in its entirety, fax a copy with attachments to OSGLI [fax: (973) 802-7991], and retain the original.
5. Send a copy to the appropriate Personnel Office to ensure that premium deductions for the dependent spouse are stopped.

This form should be used to report and certify the death of an insured dependent to the Office of Servicemembers' Group Life Insurance (OSGLI), 213 Washington St, Newark, NJ 07102,
Fax: (973) 802-7991, Toll Free: 1-800-419-1473